

2568

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	125	State Index No. <u>8986</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>43</u>
Town of <u>Miami</u>			Local Registrar's No. _____
City of _____	(No. _____)	St. _____	Ward _____
FULL NAME OF CHILD <u>Eva Gene Kerr</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
Legitimate? <u>Yes</u>	Date of Birth <u>June 12, 1916</u>	(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Earl Chester Kerr</u>		Full Maiden Name <u>Marion Kathryn Berry</u>	
Residence <u>Miami</u>		Residence <u>Miami</u>	
Color or Race <u>White</u>	Age at last Birthday <u>25</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>26</u> (Years)
Birthplace <u>America</u>		Birthplace <u>American</u>	
Occupation <u>mill man</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>June 12, 1916</u> , at <u>11:15</u> A.M.			
*When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>D. McLean</u>	
Given or Christian name added from a supplemental report _____ 191__		(Attending physician, midwife, householder*)	
Address <u>Miami, Ariz.</u>		LOCAL REGISTRAR.	
Filed <u>Feb 7, 1917</u>	True Copy <u>John H. Lacy</u>	COUNTY REGISTRAR.	
<u>529-612-928</u>		COUNTY REGISTRAR.	